

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Vicky

Garnett

Keller

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

☐ Change of Address

16516 El Camino Real #330
Houston, TX 77062

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 215-6624

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Marcus

Aguirre

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

16516 El Camino Real #330
Houston, TX 77062

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 215-6624

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☒

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

10 / 103

10 / 28 / 03

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

11 / 4 / 03

☐ Primary

☐

Runoff

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Houston City Council Dist. "E"

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

16 ACCOUNT # (Ethics Commission file)

**17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

**** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ****

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

**18 CONTRIBUTION
TOTALS**
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 430

**2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)**

\$ 4835

**EXPENDITURE
TOTALS**
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

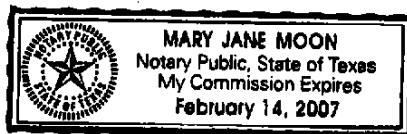
\$ 284.25

4. TOTAL POLITICAL EXPENDITURES

\$ 3161.42

**CONTRIBUTION
BALANCE**
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD
\$ 1673 ⁵⁸
**OUTSTANDING
LOAN TOTALS**
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT


I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Vicky Garnett Keller
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Vicky Garnett Keller, this the 28th day of Oct, 20 03, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME Vicky Garnett Keller		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Martin K Moran 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$150	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alison Cameron Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Andrew Tran Campaign Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tarif Aboushi Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Riley Law Firm Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Vicky GARNETT Keller.

3 ACCOUNT # (Ethics Commission files)

4 Date

7/22

5 Full name of contributor

Joe Rothstein

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

\$ 100

8 In-kind contribution
description (if applicable)

6 Contributor address

9 Principal occupation (Optional)

10 Employer (Optional)

Date

8/25

Full name of contributor

Pipe fitters Local

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

1,000

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9/24

Full name of contributor

Ironworkers STATE Cope Fund

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$500

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/13

Full name of contributor

Bert Golding

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$ 50

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/13

Full name of contributor

Darryl E. Smith.

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME Vicky Garnett Keller		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/13/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): Edward Ybarra	7 Amount of contribution (\$) \$40	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): Richard Davis	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): Darryl E. Smith	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 9/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): Chris R. Brown	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): STEVEN Salzman	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction guide explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Edward J Ybarra 6 Contributor address: City, State, Zip Code [REDACTED] [REDACTED]	7 Amount of contribution (\$) \$40 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RONALD SMITH Contributor address: City, State, Zip Code [REDACTED] [REDACTED]	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bernadette Payne Contributor address: City, State, Zip Code [REDACTED] [REDACTED]	Amount of contribution (\$) \$50 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Darryl E Smith Contributor address: City, State, Zip Code [REDACTED] [REDACTED]	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harris County Womens Political Caucus PAC Contributor address: City, State, Zip Code [REDACTED] [REDACTED]	Amount of contribution (\$) \$750	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Vicky Garnett Keller		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/12	5 Payee name Sign Mart of Texas 6 Payee address; City; State; Zip Code 8222 Lockheed Houston, TX 77061	7 Amount (\$) 487.58
8 Purpose of payment (See instructions regarding type of information required.) STATIONARY		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8/18	Payee name KRTS-F.M. Payee address; City; State; Zip Code 4409 Montrose Houston, TX 77006	Amount (\$) \$205
Purpose of payment (See instructions regarding type of information required.) Radio SPOTS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/8	Payee name Sign Mart of Texas Payee address; City; State; Zip Code 8222 Lockheed Houston, TX 77061	Amount (\$) \$86.60
Purpose of payment (See instructions regarding type of information required.) Flyers		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/17	Payee name Sign Mart of Texas Payee address; City; State; Zip Code 8222 Lockheed Houston TX 77061	Amount (\$) \$209.37
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The instruction guide explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/18	5 Payee name Tejano Democrats 6 Payee address: City: State: Zip Code 3715 N. Main St. Houston, TX 77009	7 Amount (\$) \$80.00	
8 Purpose of payment (See instructions regarding type of information required.) Fall Fundraiser		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9/19	Payee name Sprint Digital Payee address: City: State: Zip Code 10100 Clay Rd. Suite C Houston TX 77080	Amount (\$) \$265.22	
Purpose of payment (See instructions regarding type of information required.) Door Hangers		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9/22	Payee name City of Houston Payee address: City: State: Zip Code P.O. Box 1562 Houston TX 77251	Amount (\$) \$500	
Purpose of payment (See instructions regarding type of information required.) Filing Fee		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 10/2	Payee name Sprint Digital Payee address: City: State: Zip Code 10100 Clay Rd, Suite C Houston TX 77080	Amount (\$) 265.22	
Purpose of payment (See instructions regarding type of information required.) Door Hangers		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Vicky Garnett Keller		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/10	5 Payee name Sprint Digital 6 Payee address; City; State; Zip Code 10100 clay Rd, Suite C Houston TX 77080	7 Amount (\$) \$671.15
8 Purpose of payment (See instructions regarding type of information required.) signs		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/20	Payee name Golden Corral Payee address; City; State; Zip Code 3033 South Loop West Houston TX 77054	Amount (\$) 170.03
Purpose of payment (See instructions regarding type of information required.) volunteer Breakfast		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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